

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 43649  
Registrar's No. 2

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5157		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Vichy</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Vichy - Johnson</u>		0630	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Vichy</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Vichy</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry E.</u>		b. (Middle) <u>Gray</u>		c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 9, 1885</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	# UNDER 1 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Maries County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jim Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hase</u>		14. NAME OF HUSBAND OR WIFE <u>Oma Gray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oma Gray Vichy, Missouri</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident - team turned load of lumber over on Mr. Gray.</u> ANTECEDENT CAUSES DUE TO (b) <u>Broken neck.</u> DUE TO (c) <u>Crushed Chest</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>8:47</u>  <u>3</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vichy, Maries Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-18-50 11:15 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Team turned load of lumber over on Mr. Gray.</u>			
22. I hereby certify that I attended the deceased from <u>6-29</u> Mr. <u>1949</u> <u>12-18-50</u> , that I last saw the deceased alive on <u>12-18-50</u> , 19 <u>50</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Davis, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ramsey Bldg. Rolla, Mo.</u>		23c. DATE SIGNED <u>12-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farming Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Maries Co MO</u>	
DATE REC'D BY LOCAL REG. <u>1-9-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Licklider</u>		ADDRESS <u>98 Jerome</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 16 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

JAKE NELSON

working under my personal supervision.

Student Embalmer No. 386

Signed.....Jake Nelson  
Student Embalmer

Signed.....Oreal E. Licklider

Licensed Embalmer No. 3544

P. O. Address.....St James mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.